



**Library of
Michigan**

717 W. Allegan, PO Box 30007, Lansing, MI 48909-9775

**FY 1998/99 REGIONAL/SUBREGIONAL
LIBRARY FOR THE BLIND AND
PHYSICALLY HANDICAPPED
ANNUAL REPORT**

This information is current as of (date this report is filed) _____

PART I: DIRECTORY INFORMATION

CURRENT NAME OF LBPH LIBRARY		
PREVIOUS NAME OF LBPH LIBRARY		
STREET ADDRESS (NUMBER, STREET, ETC.)		ZIP+4
CITY		
PHONE NUMBER	TELEFAX	TDD PHONE NUMBER
NAME OF SUBREGIONAL LIBRARIAN		NAME OF FISCAL AGENT
INTERNET EMAIL ADDRESS OF SUBREGIONAL LIBRARIAN		WEB ADDRESS http: / / _____

PART II: CURRENT SCHEDULE OF OPEN HOURS

MONDAY	TO	FRIDAY	TO
TUESDAY	TO	SATURDAY	TO
WEDNESDAY	TO	SUNDAY	TO
THURSDAY	TO		

PART III: BUDGET AND ACTUAL EXPENDITURES

Steps to complete this form:

- 1) Report budget and actual expenditures for October 1, 1997 - September 30, 1998
Note: The FY 1997/98 budget should be taken from your last year's Budget Form
- 2) Calculate variance between FY 1997/98 budget and actual expenditures
- 3) Explain any variances in the space provided - attach additional pages, if necessary
- 4) Report projected budget for October 1, 1998 - September 30, 1999

	FY 1997/98 Budget	FY 1997/98 Expenditures	FY 1997/98 Variance	FY 1998/99 Budget
Federal Funds	\$ _____	\$ _____	\$ _____	\$ _____
State Funds	_____	_____	_____	_____
Local Funds	_____	_____	_____	_____
In Kind	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____

Explain variances between FY 1997/98 budget and actual expenditures:

Subregional Librarian Signature Date

Fiscal Agent Signature Date